



*Child's Name: _____ Age: _____ T-Shirt Size: _____

*Vacation Week (if different than July 3rd-7th): _____

***Release Authorization StarKidz Summer Camp**

(I authorize the following people (person over 16 years old) to pick up my child (other than parent/guardian)

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Hold Harmless Agreement:

I agree to waive and release StarKidz After School, LLC and StarMakers Dance Company, LLC and its members, agents, and employees from and against any and all claims, cost liabilities, expenses, or judgments, including attorney's fees and court costs arising from my child's (or my) participation in the StarKidz After School program or any illness or injury resulting therefrom.

I further agree to indemnify and hold harmless StarKidz After School and StarMakers Dance Company from and against any and all claims. I understand and agree that StarKidz After School and StarMakers Dance Company shall not be responsible for the conduct of other users of StarKidz/StarMakers or its facilities.

I understand and agree that by signing this waiver, I am freeing StarKidz After School and StarMakers Dance Company and its members, agents, or employees from any liability resulting from my child's (or my) participation in any activity, on and off premise, related to the this program.

I give my permission to StarKidz After School and StarMakers Dance Company to photograph me or my children participating in the programs for use in StarKidz/StarMakers publicity and publications and will not seek compensation for such. Please Initial _____

I hereby represent that I understand and am familiar with the nature of activities in which my child will participate and have personally read and understand this Release.